

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 1072Registered No. 116

1. PLACE OF BIRTH

County Gila

State

Township Globe

or Village

City GlobeSt. Globe Ward

If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gloria Ruth Fritz

If child is not yet named, make supplemental report, as directed

3. Sex Female

If plural births

4. Twin, triplet, or other

5. Premature

6. Legitimate

7. Date of birth Aug 19 1932

8. Day

Month

Year

(Month, day, year)

1932

9. Full name Alfred O Fritz

FATHER

16. Full maiden name Lillie May Henderson

MOTHER

10. Residence (usual place of abode) Globe

(If nonresident, give place and date)

19. Residence (usual place of abode) Globe

(If nonresident, give place and date)

11. Color White12. Age at last birthday 21 (Years)20. Color White21. Age at last birthday 25 (Years)

13. Birthplace (city or place)

(State or country) Globe Ariz

22. Birthplace (city or place)

(State or country) Phoenix Ariz

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, mill, etc.

16. Date (month and year) engaged in this work Winter

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation

{ months or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report 769-819-385

(Date of)

(Signed) William O. Bayltonor MidwifeAddress Phoenix ArizFiled 11/7

1932

P.M.

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Registrar

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